

**CITY COLLEGE OF ANGELES**

*Arayat Boulevard, Barangay. Pampang, Angeles City*

**Institute of Computing Studies and Library Information Science**

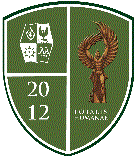
**REPLY FORM**

**\****Practicum Coordinator Copy*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Company:** | | |  | | | |
| **Address:** | | |  | | | |
| **Contact Number:** | | |  | | | |
| **Contact Person:** | | |  | | | |
| **Position:** | | |  | | | |
| **Name of Student:** | | |  | | | |
| Based on our assessment of the student’s qualification and abilities: (*place a check on the box*) | | | | | | |
|  | | Accommodate the student | | | | |
| Remarks (*if any*) | |  | | | | |
|  | | Cannot accommodate the student | | | | |
| Remarks (*if any*) | |  | | | | |
|  |  | | |  |  |  |
|  | Company Representative Signature Over Printed Name | | |  | Date |  |

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February 8, 2023 Rev. 03



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**Institute of Computing Studies and Library Information Science**

**REPLY FORM**

**\****Students Copy*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Company:** | | |  | | | |
| **Address:** | | |  | | | |
| **Contact Number:** | | |  | | | |
| **Contact Person:** | | |  | | | |
| **Position:** | | |  | | | |
| **Name of Student:** | | |  | | | |
| Based on our assessment of the student’s qualification and abilities: (*place a check on the box*) | | | | | | |
|  | | Accommodate the student | | | | |
| Remarks (*if any*) | |  | | | | |
|  | | Cannot accommodate the student | | | | |
| Remarks (*if any*) | |  | | | | |
|  |  | | |  |  |  |
|  | Company Representative Signature Over Printed Name | | |  | Date |  |

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